AVIZENT™
Frank Gates Service Co / Attenta

VISUAL Liquid Web

Commonwealth of Virginia
Named User
User Manual

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Software Version: 2.2.0

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Contents

Contents **2**

VISUAL Liquid Web COV Named User User Manual **3**
- Disclaimer of Warranty 3
- Trademarks 3
- Copyrights 3
- System Requirements 4

About **5**
- Text Conventions 5
- Graphic Alerts 5

Getting Started **6**
- Accessing VISUAL Liquid Web 7
- Closing the VISUAL Liquid Web Application 9
- Accessing Technical Support 9

Navigating VISUAL Liquid Web **10**
- Menus 11
  - File 11
  - Edit 11
  - View 11
- Toolbar 12
- Standard Buttons 12
- Content Pane 13
- Left Pane 13

Example Document Cycle Workflow **14**

Using VISUAL Liquid Web **15**
- Viewing/Updating the EARs you have to Review 15
  - Open the EAR 16
- Named User – Reviewer Ownership 17
- Data Entry Features 17
- Required Fields 19
- Submitting an EAR 20
- Closing an EAR 21
  - Printer Troubleshooting 24
  - Closing Adobe Reader window 24
- Deleting an EAR 25
- Entering a New EAR 26
- Entering a New EAR 26
  30
- Agency Control and assignment 31
- Automatic emails to Named Users 33
- Refreshing your Folder Contents 34
- Index 35

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System Requirements

The following table outlines the system requirements for optimal performance.

Item	Minimum	Recommended
Software	* Citrix ICA client for Windows	Citrix ICA client for Windows
Internet Browser	IE 6 SP2, SSL 2 and 3 enabled	IE 6 SP2, SSL 2 and 3 enabled
Connection	56 KB	Broadband
Screen Resolution	1024 x 768	1024 x 768

***See the companion guide "VISUAL Liquid Web - Citrix client Installation" for details on installing Citrix. Citrix allows you to use complex hosted applciations over the internet with only your computer and an internet connection**

About

This document is intended as a guide for users of the Avizent VISUAL Liquid Web product. This document provides a description of the VISUAL Liquid Web application, including instructions for accessing and using the application, and how to reach technical support.

Text Conventions

The following text conventions are used in this document.

Element	Usage
bold text	Characters that you type exactly as shown; menus and menu commands, command buttons, command prompts; list or drop-down boxes titles and selections; tab and dialog box titles and options
Italic Font	Variables for which you supply a specific value; information that you supply
ALL CAPITALS	Acronyms, names of certain commands, keys on the keyboard
Initial Capitals	Names of applications, screens, programs, field names

Graphic Alerts

The following graphic alerts are used in this document.

Element	Description
	Caution—Alerts you to potential problems, such as data loss or security breaches.
	Example—Provides a hands-on interactive lesson, or indicates material that helps clarify the current discussion.
	Note—Alerts you to supplementary information.
	Tip—Provides additional information that may be helpful to task completion such as shortcuts.

Getting Started

VISUAL Liquid Web is an electronic forms processing and data capture system. VISUAL Liquid Web ensures that all the information necessary to submit a COV Employer's Accident Report (EAR) is captured on its easy-to-use screens. This feature ensures that all EARs submitted have the minimum state required information completed.

VISUAL Liquid Web 2.2 integrates directly with the VISUAL Claims Studio™ software suite, so there is never a need to re-key information. Field and document level validation ensures that documents adhere to the configured document specific rules.

As an early innovator in the design of web site submission of electronic event and first reporting we formed EFROI.COM™. This online hosted service allows clients to electronically capture Event and State First Reports of Injury data over the web. EFROI.COM is the simple, fast, and cost-effective way to file events.

VISUAL Liquid Web users will also enjoy the ability to generate and print forms.

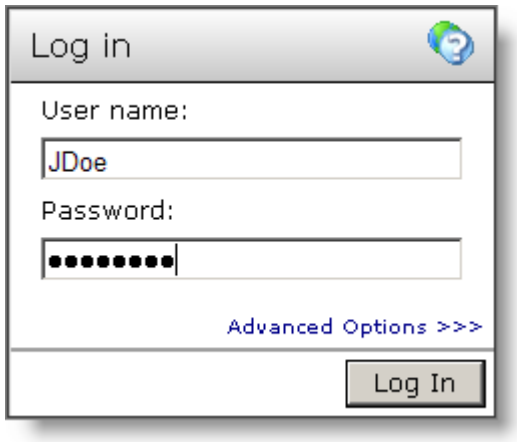
Accessing VISUAL Liquid Web

1. In your Internet browser's address field, type https://apps.frankgates.com/vaear-hr and press **Enter**.

MY APPLICATIONS
AVIZENT
Web Interface
Log In
User name:
Password:
Advanced Options >>>
Log In
Welcome
Welcome to The Commonwealth of Virginia - Employee Accident Form Submission Portal.
This is a Citrix 4.5 presentation server farm - hosted at Avizent's National Data Center located in Dublin Ohio
Please "Click" the button labeled "Log In" to begin the process.
Then "Click" the Icon labled "Employee Accident Report" to begin entering your claim
Then "Click" the VLW Icon labled "Login" to activate Visual Liquid Web
Select "New Document"; then "eFROI", then "COV EAR" and begin filling out the form
Once the form is complete, Print then Submit the form to complete the process.
For support please Contact our Help Desk
Our dedicated IT professionals are waiting to help you resolve your problem!
While our core Help Desk hours are Monday through Friday, 8:00 AM to 5:00 PM EST, we offer around the clock technical support for reporting purposes.
Please contact us by emailing (helpdesk@avizentrisk.com), telephone (800-727-4283), or submitting your request online
Message Center
The Message Center displays any information or error messages that may occur.

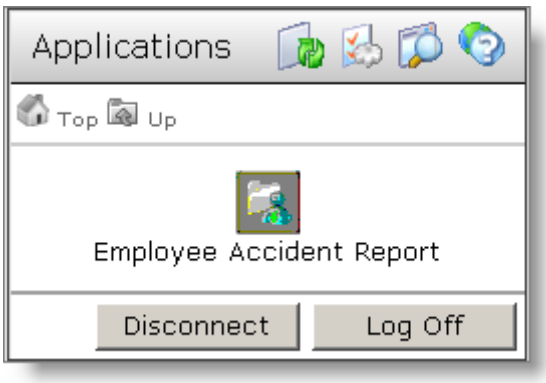
Result: The Visual Liquid Web Intake home page displays.

2. Enter the User name and Password supplied to you, then click the Log In button in the box on the upper left of the screen



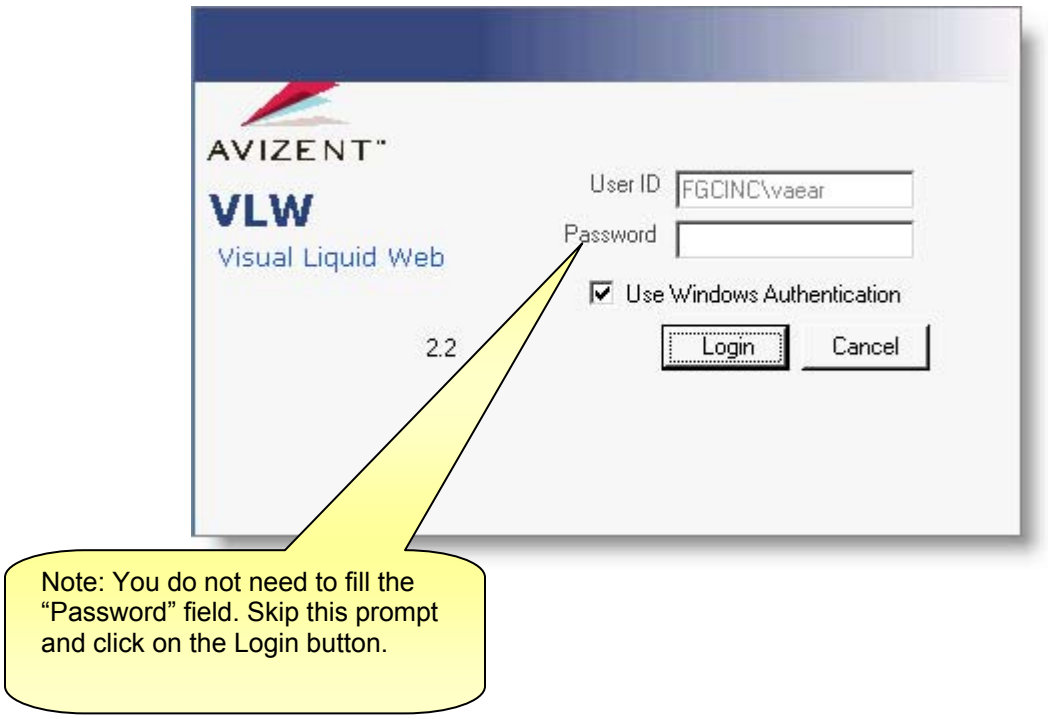
Result: The Applications box displays

3. Click Employee Accident Report in the Applications box.

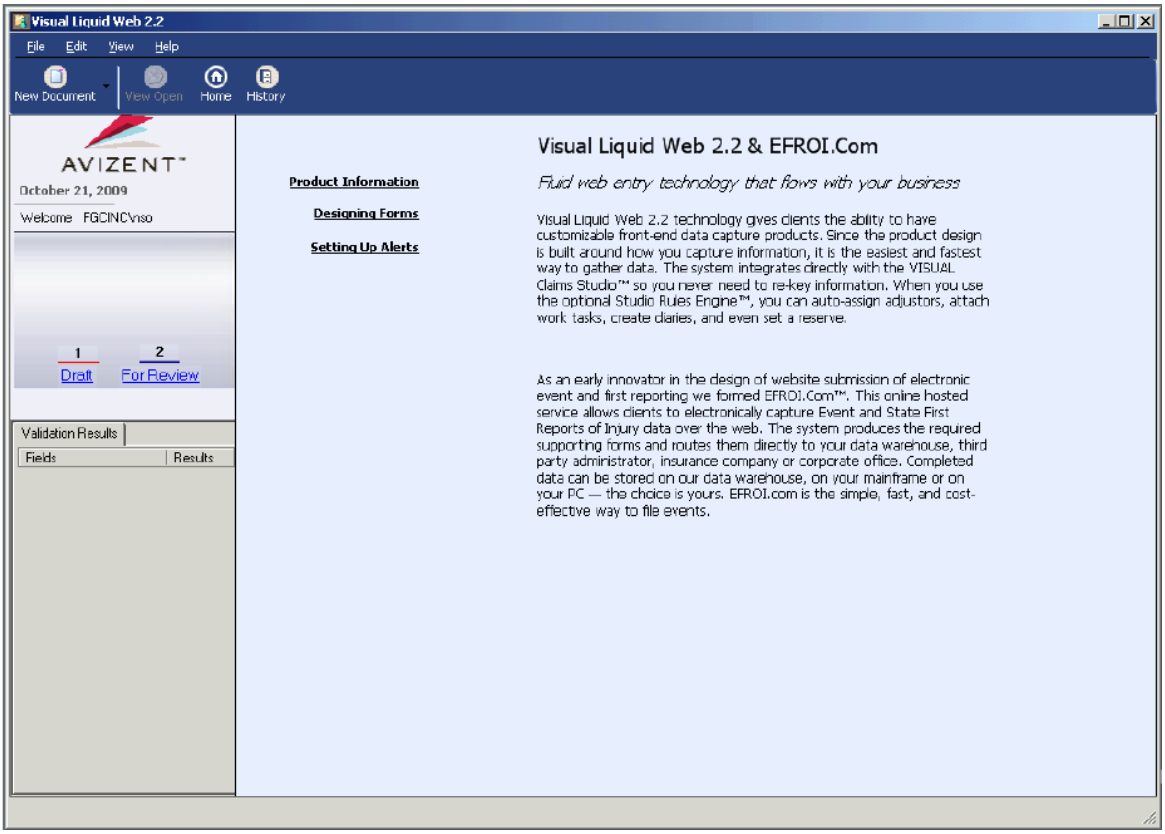


Result: The Citrix logon script will run, followed by the appearance of the VISUAL Liquid Web log in screen.

4. Click Login on the Login Screen.



Result: VISUAL Liquid Web appears.


Visual Liquid Web 2.2
File Edit View Help
New Document
View Open
Home
History
AVIZENT
October 21, 2009
Welcome FGCINC\nso
1
Draft
2
For Review
Validation Results
Fields
Results
Visual Liquid Web 2.2 & EFROI.Com
Fluid web entry technology that flows with your business
Product Information
Designing Forms
Setting Up Alerts
Visual Liquid Web 2.2 technology gives clients the ability to have customizable front-end data capture products. Since the product design is built around how you capture information, it is the easiest and fastest way to gather data. The system integrates directly with the VISUAL Claims Studio™ so you never need to re-key information. When you use the optional Studio Rules Engine™, you can auto-assign adjustors, attach work tasks, create diaries, and even set a reserve.
As an early innovator in the design of website submission of electronic event and first reporting we formed EFROI.Com™. This online hosted service allows clients to electronically capture Event and State First Reports of Injury data over the web. The system produces the required supporting forms and routes them directly to your data warehouse, third party administrator, insurance company or corporate office. Completed data can be stored on our data warehouse, on your mainframe or on your PC — the choice is yours. EFROI.com is the simple, fast, and cost-effective way to file events.

If you have problems logging in, contact tcc@avizentrisk.com or 800-727-4283 for assistance.

Closing the VISUAL Liquid Web Application

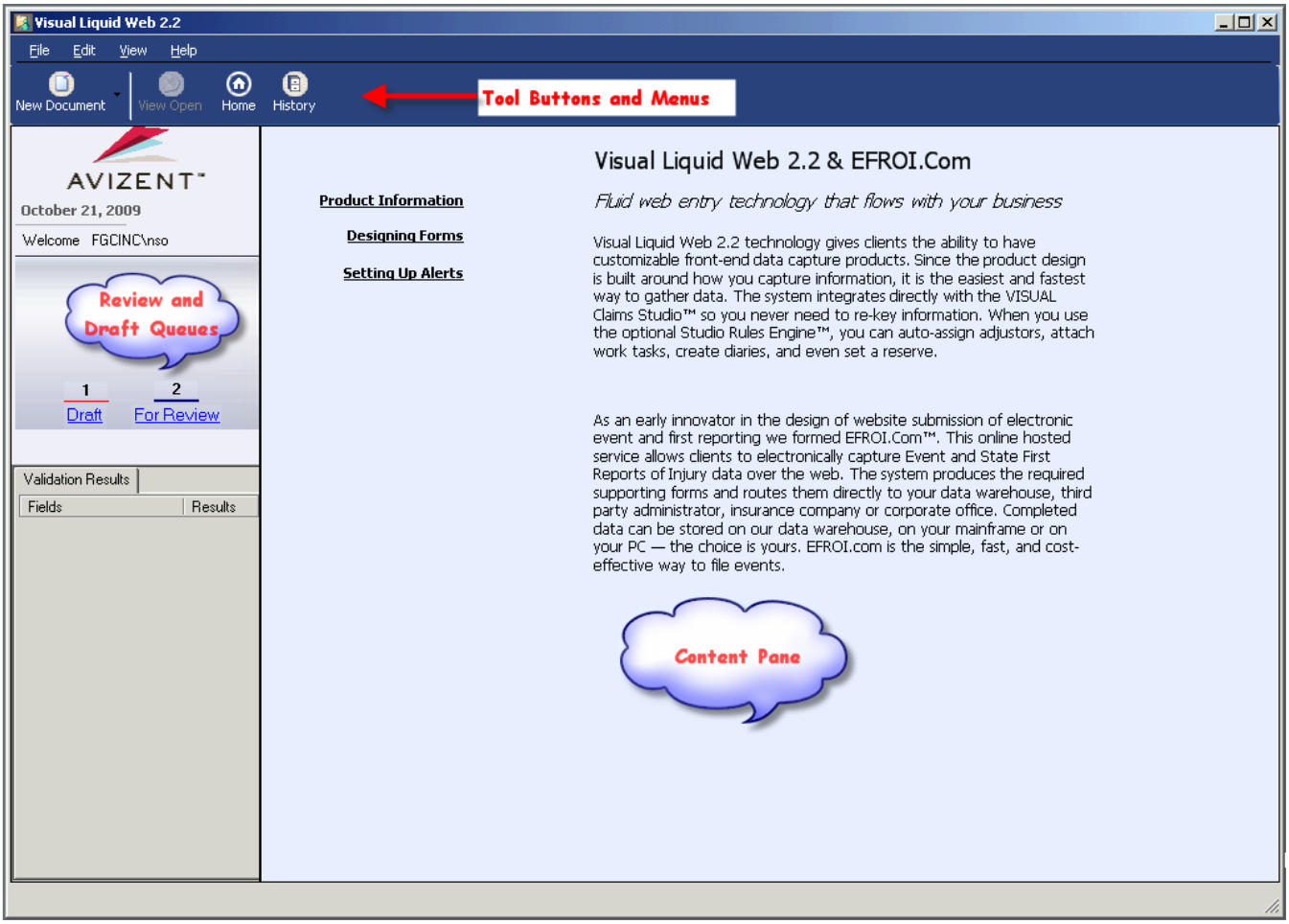
To exit the application, on the **File** menu, select **Exit**. The application will close. If you have open EARs with unsaved changes, the system will prompt you to save the changes before closing.

Accessing Technical Support

Technical support for this Avizent product is available through the Help Desk (tcc@avizentrisk.com or 800-727-4283).

Navigating VISUAL Liquid Web

Once you are logged in, VISUAL Liquid Web's home screen displays. The primary navigation for VISUAL Liquid Web is found in the toolbar and in the left pane. The larger Content pane is on the right. You can also navigate using the menus.

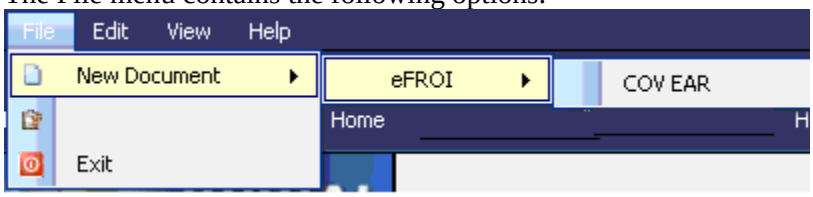

Visual Liquid Web 2.2
File
Edit
View
Help
New Document
View Open
Home
History
Tool Buttons and Menus
AVIZENT
October 21, 2009
Welcome FGCINC\nso
Review and Draft Queues
1
Draft
2
For Review
Validation Results
Fields
Results
Product Information
Designing Forms
Setting Up Alerts
Visual Liquid Web 2.2 & EFROI.Com
Fluid web entry technology that flows with your business
Visual Liquid Web 2.2 technology gives clients the ability to have customizable front-end data capture products. Since the product design is built around how you capture information, it is the easiest and fastest way to gather data. The system integrates directly with the VISUAL Claims Studio™ so you never need to re-key information. When you use the optional Studio Rules Engine™, you can auto-assign adjustors, attach work tasks, create diaries, and even set a reserve.
As an early innovator in the design of website submission of electronic event and first reporting we formed EFROI.Com™. This online hosted service allows clients to electronically capture Event and State First Reports of Injury data over the web. The system produces the required supporting forms and routes them directly to your data warehouse, third party administrator, insurance company or corporate office. Completed data can be stored on our data warehouse, on your mainframe or on your PC — the choice is yours. EFROI.com is the simple, fast, and cost-effective way to file events.
Content Pane

Menus

VISUAL Liquid Web contains four menus: File, Edit, View, and Help. Each menu's options are explained below.

File

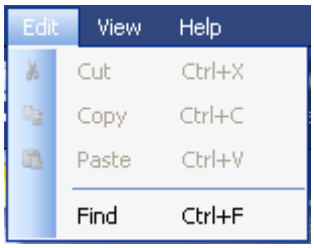
The File menu contains the following options:



- **New Document**—Enables you to open a new COV EAR.
- **Preferences**—Enables you to view and adjust reviewer alert preferences.
- **Exit**—Closes the VISUAL Liquid Web application.

Edit

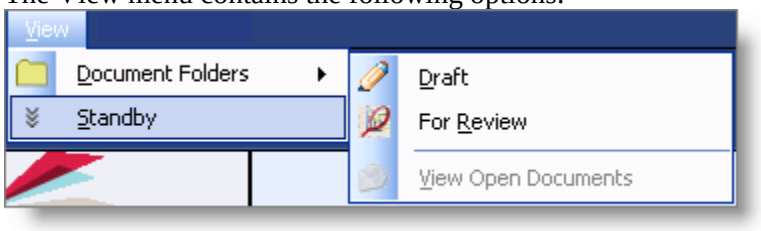
The Edit menu contains the following options. These options are only available when an EAR is open.



- **Cut**—Deletes the highlighted text and saves a copy of it on the clipboard.
- **Copy**—Copies the highlighted text to the clipboard.
- **Paste**—Pastes the text previously cut or copied to the clipboard.
- **Find**—Searches the open EAR for the text you specify.

View

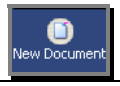
The View menu contains the following options:



- **Document Folders**—Enables you to view the following folder's contents.
  - **Draft**—Displays a summary of the EARs that you have saved to the Draft folder.
  - **For Review**—Displays a summary of the EARs that are pending review.
  - **View Open Documents**—Displays a listing of the EARs that you currently have open.

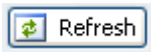
Toolbar

The toolbar contains buttons which are shortcuts to various commands. The table below lists the standard toolbar buttons in VISUAL Liquid Web.

Button	Description
	**New Document**—Enables you to enter a new EAR into the system.
	View Open—Displays the tabs for all the open EARs. The most recently viewed EAR is displayed on screen.
	Home—Takes you back to the initial startup screen
	History—Enables you to review prior claim submissions completed with your account.

Standard Buttons

In addition to the toolbar buttons, other buttons are available throughout the application. Not all buttons are available on all screens. The following table contains a listing of all of the buttons available in the application.

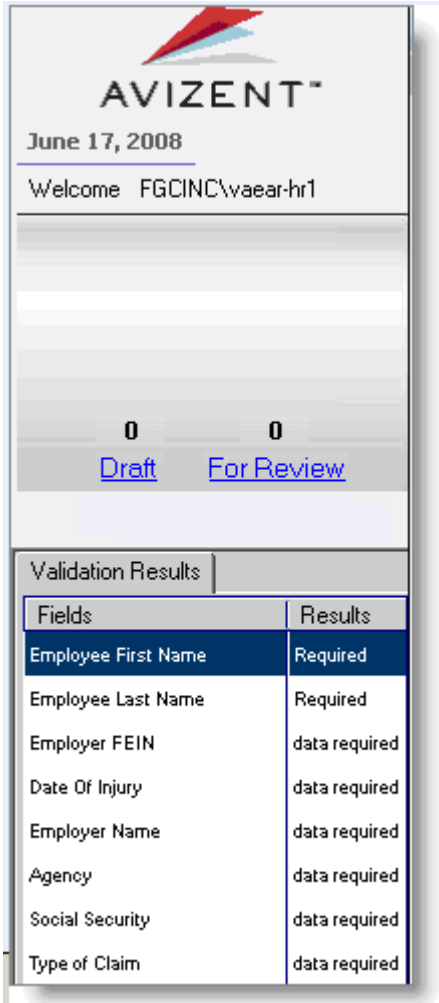
Button	Description
	Delete—Deletes the EAR file.
	Details—Displays EAR details, such as submission date, subject, claim number, and submitted by.
	Edit—Enables you to update the information displayed on the EAR.
	Print—Generates an electronic copy (.PDF) of the EAR which can be printed.
	**Refresh**—Retrieves the latest information from the database and forces a refresh of the data being viewed.
	Save—Saves the information entered on the EAR. You will be prompted to enter a Subject Name for the document.
	Submit—Submits the completed EAR to the system designated reviewer.
	Support—Sends a support inquiry email to product support.
	View—Displays requested item.

Content Pane

The Content Pane will display the Employer's Accident Report.

Left Pane

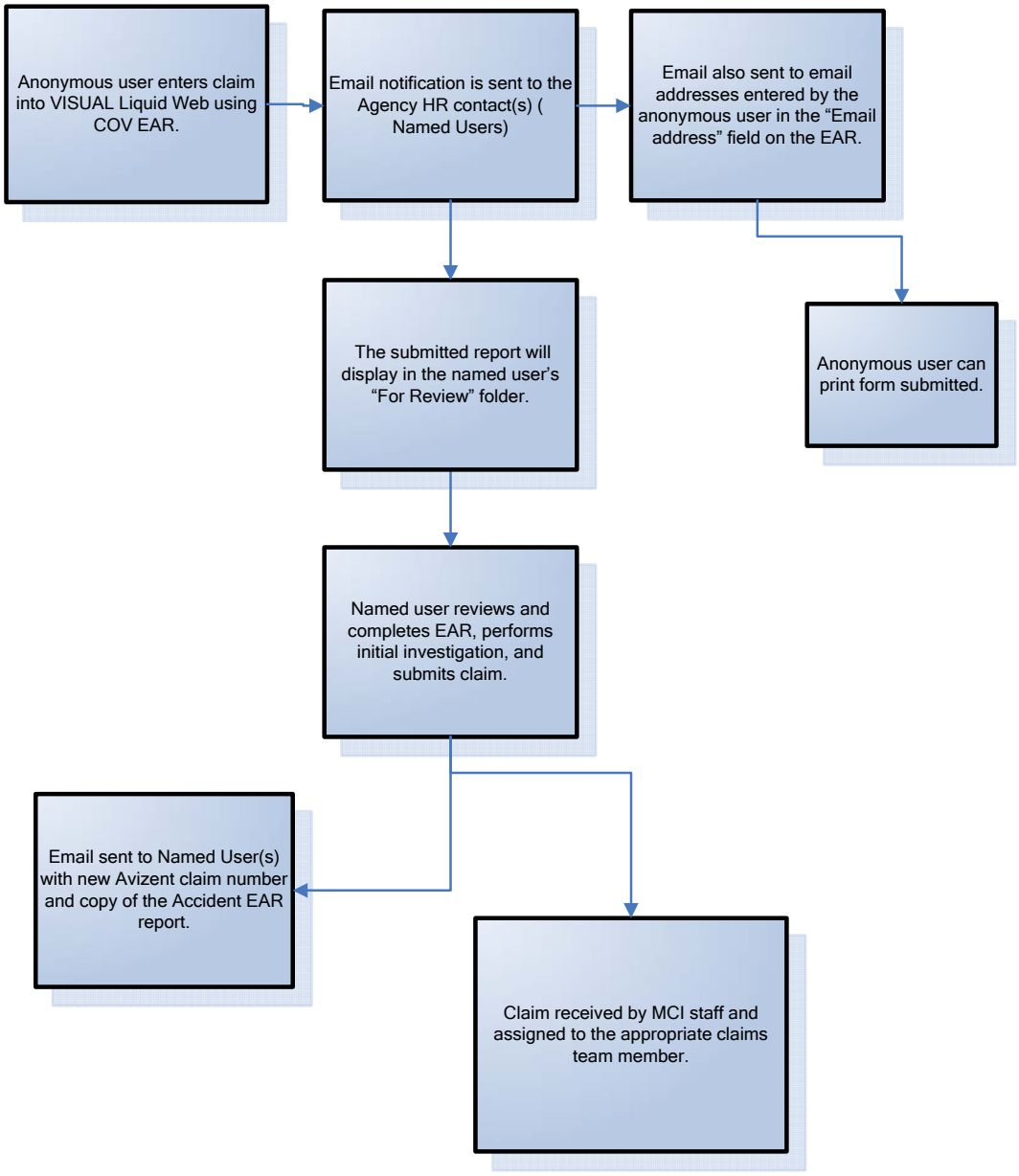
The left pane contains the following areas.



- **User Information**—Displays the current day's date and your application user name.
- **Folders**—Contains the Draft and For Review folders and displays the number of EARs in each folder.
  - **Draft**—Contains those EARs that are "in process." These are EARs which have been created by the Named User and saved without being "Submitted."
  - **For Review**—Contains EARs that have passed initial validation requirements, but may need some further information or oversight before final submission. Anonymous users will submit drafts to Named Users for review. Named Users will then review the draft and submit it for claims processing. If a Named User enters a new EAR and submits it, it will display in his/her "For Review" folder.
- **Validation Results**—Contains a listing of the data fields which are required for the COV EAR. This list is updated as you enter information, so that you can see at-a-glance which required fields still need to be completed.

Tip—You can also double-click on an item in the Validation Results field's list to jump to its entry field in the EAR.

Example Document Cycle Workflow

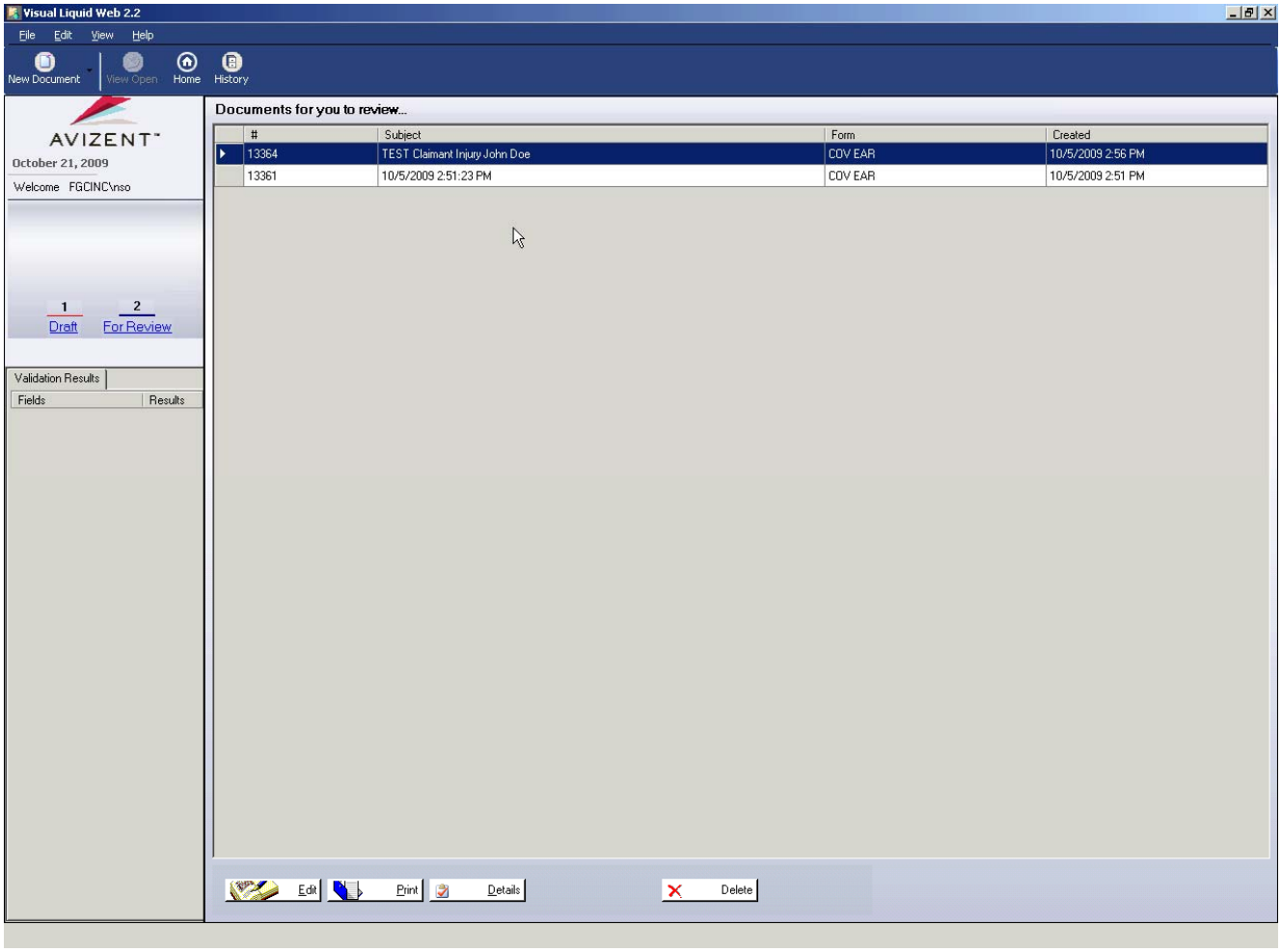

Anonymous user enters claim into VISUAL Liquid Web using COV EAR.
Email notification is sent to the Agency HR contact(s) (Named Users)
Email also sent to email addresses entered by the anonymous user in the "Email address" field on the EAR.
The submitted report will display in the named user's "For Review" folder.
Anonymous user can print form submitted.
Named user reviews and completes EAR, performs initial investigation, and submits claim.
Email sent to Named User(s) with new Avizent claim number and copy of the Accident EAR report.
Claim received by MCI staff and assigned to the appropriate claims team member.

Using VISUAL Liquid Web

Viewing/Updating the EARs you have to Review

You will be notified that you have an EAR to review in several ways:

- You may also notice that you have EARs to review when the number of documents in your For Review folder increases.



You can access an EAR in one of two ways:

1. From the **View** menu, select **Document Folders**, and then select **For Review**.
   OR
2. Click the **For Review** folder icon in the left pane.
   Result: The Documents for you to review table displays in the Content pane.

The Documents for you to review table contains the following information:

- **Creation Date**—The date the EAR was created.
- **Subject**—The name given to the EAR when it was saved.
- **Document Version Id**—The unique system-generated identification number.
- **Document Name**—The state EAR form that was used for data entry. Always “COV EAR”.

Open the EAR

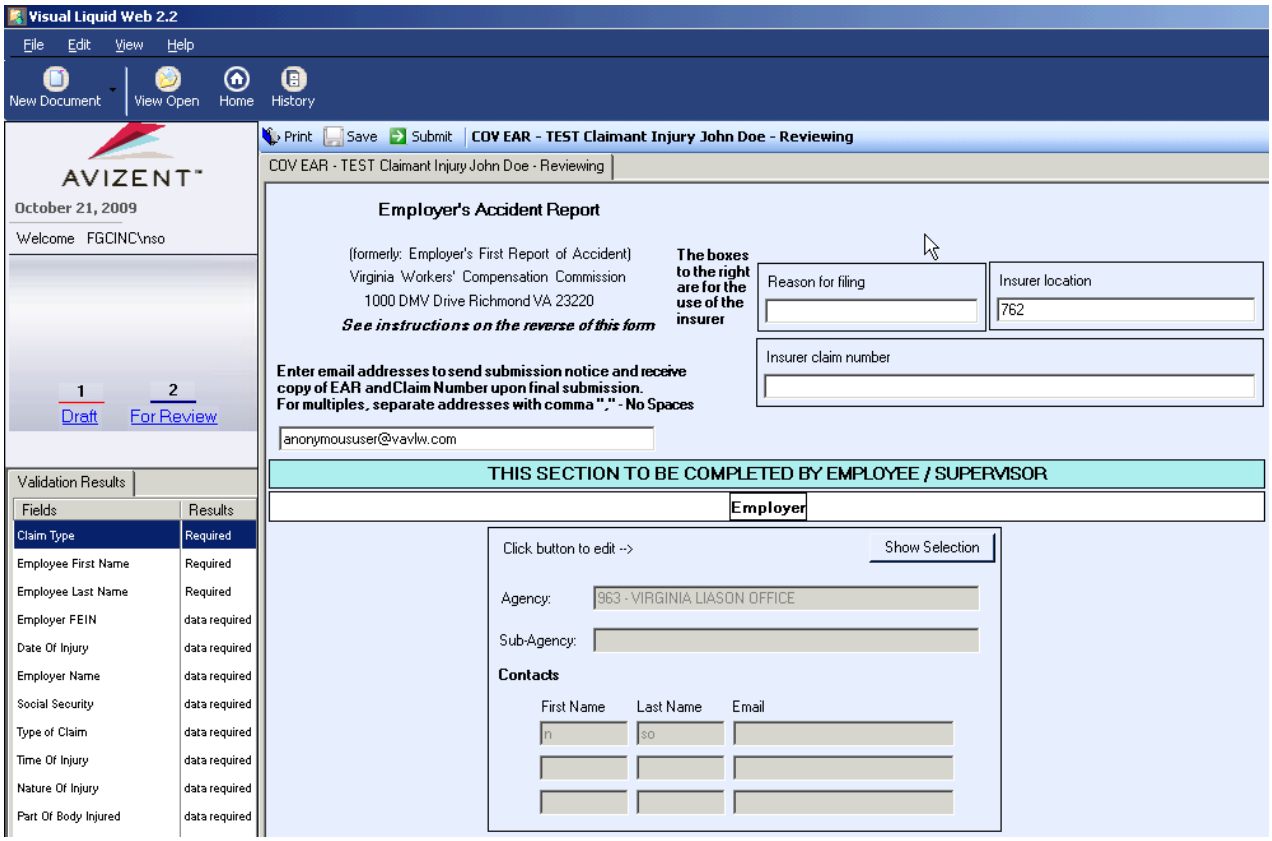
1. Select the EAR that you wish to open from the list.

2. Click the **Edit** button at the bottom of the Content pane to open the EAR.

OR

3. Double Click the EAR row you have selected in the list.

You can now review the data entered and complete additional information as needed.


Visual Liquid Web 2.2
File Edit View Help
New Document
View Open
Home
History
AVIZENT
October 21, 2009
Welcome FGCINC\nso
1 Draft
2 For Review
Validation Results
Fields
Results
Claim Type Required
Employee First Name Required
Employee Last Name Required
Employer FEIN data required
Date Of Injury data required
Employer Name data required
Social Security data required
Type of Claim data required
Time Of Injury data required
Nature Of Injury data required
Part Of Body Injured data required
Print Save Submit COV EAR - TEST Claimant Injury John Doe - Reviewing
COV EAR - TEST Claimant Injury John Doe - Reviewing
Employer's Accident Report
(formerly: Employer's First Report of Accident)
Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220
See instructions on the reverse of this form
The boxes to the right are for the use of the insurer
Reason for filing
Insurer location
762
Insurer claim number
Enter email addresses to send submission notice and receive copy of EAR and Claim Number upon final submission.
For multiples, separate addresses with comma "," - No Spaces
anonymoususer@vavlw.com
THIS SECTION TO BE COMPLETED BY EMPLOYEE / SUPERVISOR
Employer
Click button to edit -->
Show Selection
Agency:
963 - VIRGINIA LIASON OFFICE
Sub-Agency:
Contacts
First Name
Last Name
Email

Tip —You can move from field-to-field on the form by pressing the **TAB** key. Note: Tabbing to a “Yes/No” type button field will automatically select the first choice. You may then change your choice, or if you want to keep it empty, press the “ENTER” button on your keyboard to unselect.

Named User – Reviewer Ownership

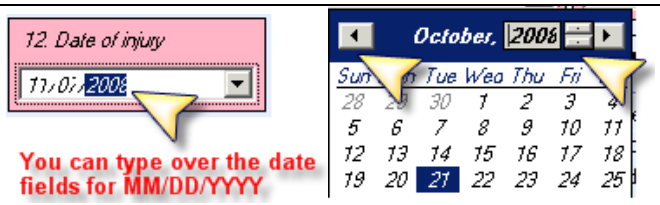
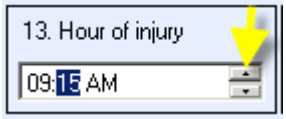
If an employer has multiple Named users for the Agency/subagency combination chosen during form creation, each of these named users will be able to see the forms submitted for this location.

* If an eligible reviewer opens and updates/saves the form, this user then is the sole assigned reviewer and other users will not be able to see and edit the form. This allows the reviewers to open a report to view without taking exclusive ownership unless they update it..

Data Entry Features

The following features are available to ease your data entry:

- **Required Fields**—The required fields have a pink border. They are also listed in the Validation Results area. The Validation Results area acts as a checklist for required information. As the required fields are completed, they are removed from the Validation Results area.
- **Pre-Formatted Numeric Fields**—Information that is normally displayed with formatting, such as dashes in phone numbers or social security numbers, can be entered with or without the dashes.
- **Drop-down Selections**—Enter the first character to move directly to that point in the selection list. Up and down arrows can be used to navigate further.
- **Radio buttons** - Allow toggle selection of one of several choices (Yes/No, Male/Female, etc.)

Type of Field	Sample
1. Free Form Text You can type freely within these fields. * You can copy and Paste in these fields.	
2. Dates With drop down calendars You can use the arrows to navigate by **Month** and by **Year.** ** Type over to replace elements such as year after picking via calendar.	 ** Type over to replace elements such as yer after picking via calendar.
3. Time with up and down arrows	

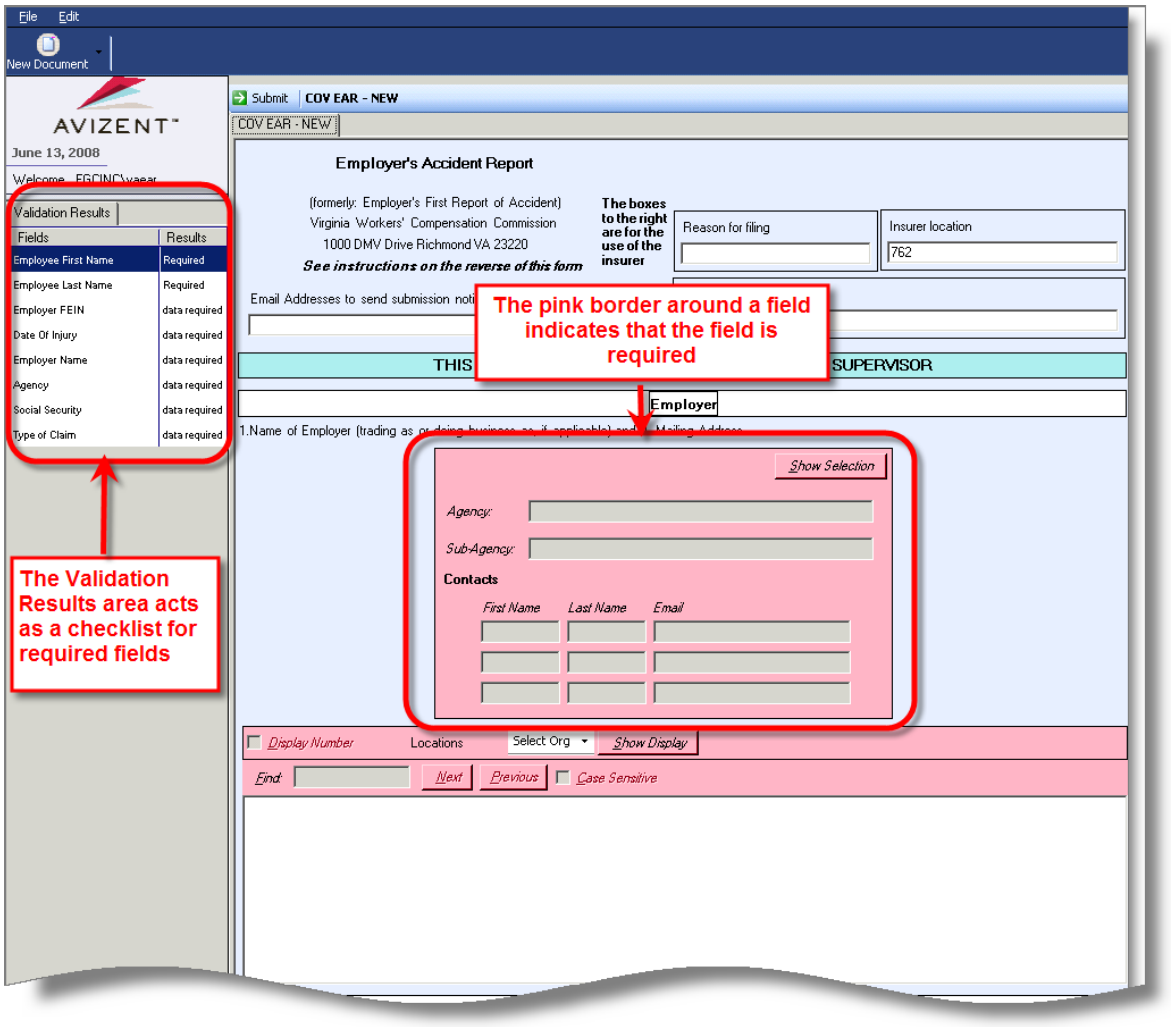
4. Yes / No radio buttons

Note—When in a field which contains radio buttons, Yes No to select ***neither*** button, press **Enter**, instead of tab to exit the field.

To Unselect all choices 1

.

Required Fields



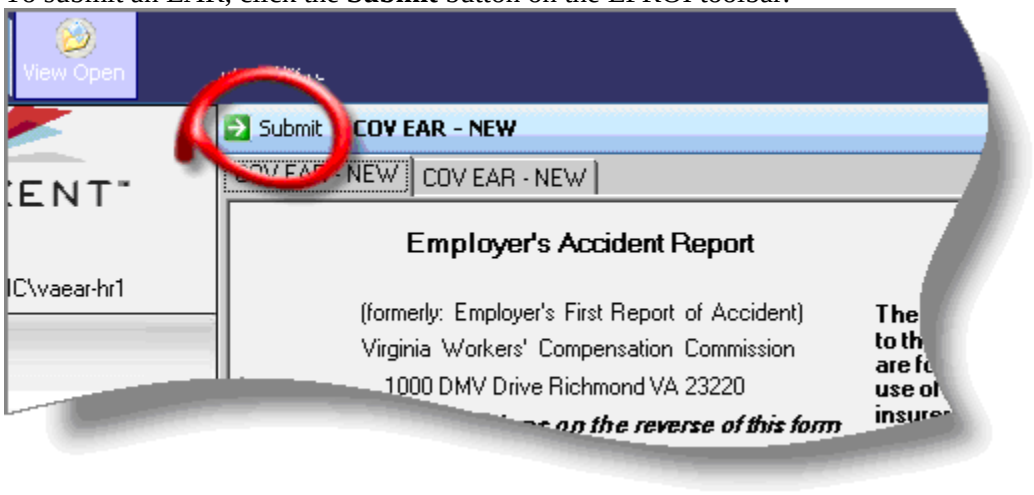
REQUIRED FIELDS : Based on data processing needs, these are subject to change.

Fields are listed in the Validation Results area on the left pane are system required. They must be completed to be accepted by the claim administrator. Other fields may also be required.

In all cases, you should complete all of the information known to you at the time.

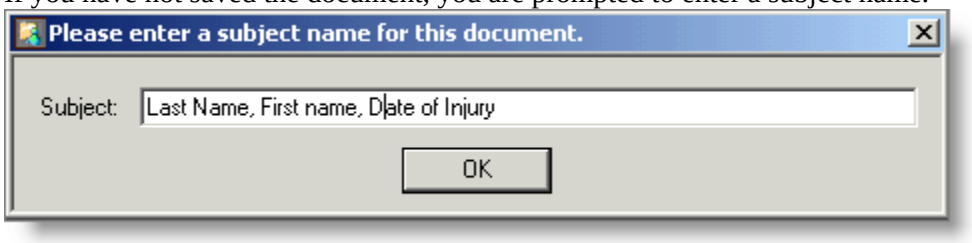
Submitting an EAR

Submitting an EAR "promotes", or forwards, the document to claims processing.
To submit an EAR, click the **Submit** button on the EFROI toolbar.



If you have previously saved the document, it is submitted to the system specified reviewer or to the system as a claim.

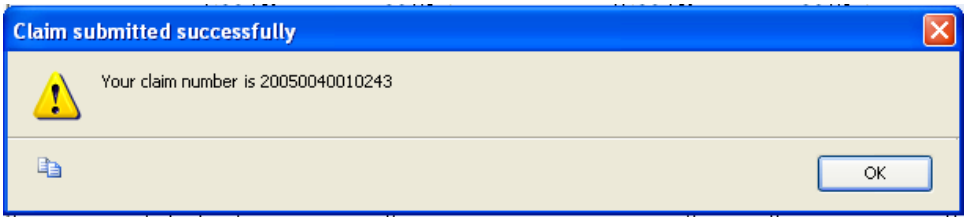
If you have not saved the document, you are prompted to enter a subject name.



Note—It is suggested that the subject include the claimant's last name, first name and date of injury as shown above.

After you have clicked Submit, the system validates the data entered.

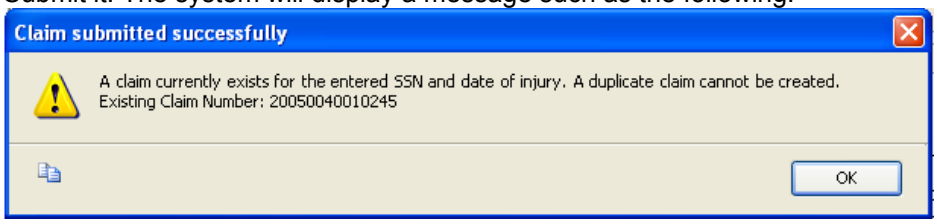
- If all the required information is complete and valid, the claim is submitted to claims processing. A window displays containing the claim number assigned to the new claim, such as the one shown below. Click OK to close the window.



- If all the required information is not complete or if the EAR contains invalid information, the system will prompt you to correct the validation errors before submitting.

After all the required information is successfully validated, the EAR is sent to MCI claims processing.

Note—If the claim is a duplicate claim, the system will recognize this and not allow you to Submit it. The system will display a message such as the following:


Claim submitted successfully
A claim currently exists for the entered SSN and date of injury. A duplicate claim cannot be created.
Existing Claim Number: 20050040010245
OK

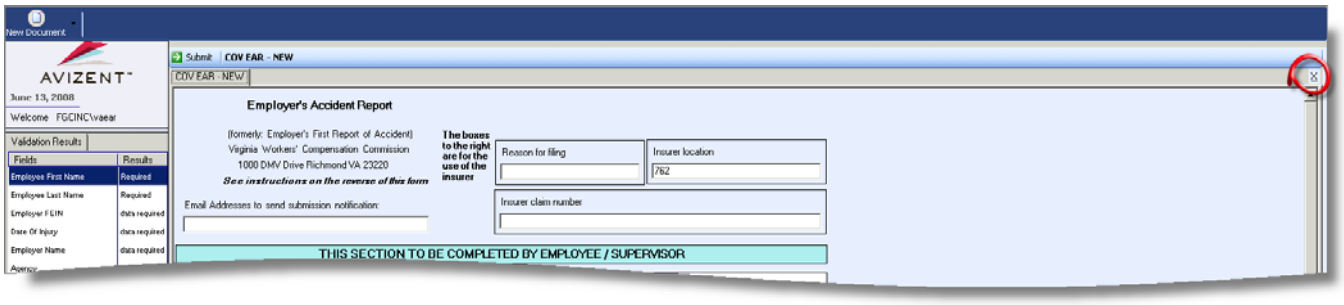
If this occurs, contact the Technical Support service listed below for further instructions.

Caution—Once you successfully submit an EAR you cannot make any changes to it in VISUAL Liquid Web.

See *Viewing EAR History* for more information.

Closing an EAR

If you need to close an open EAR, click on the X in the upper right corner of the EFROI toolbar. The EAR will close.



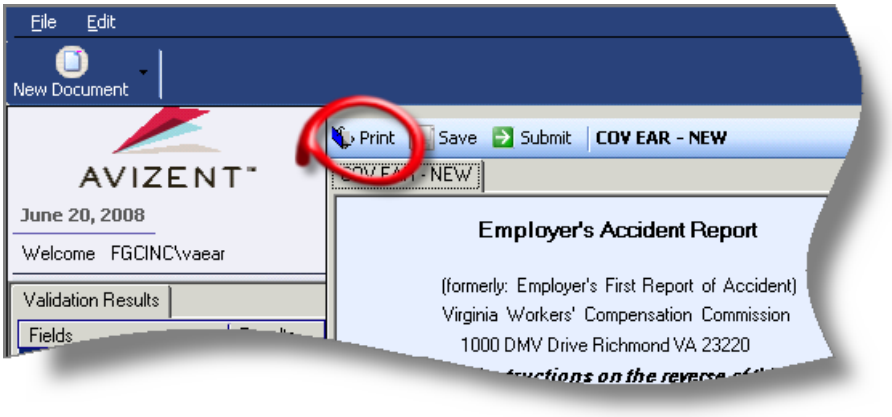
Caution—If you close a new EAR without saving or submitting it, all of the data entered will be lost.

Note—See the *Saving an EAR* section for more information.

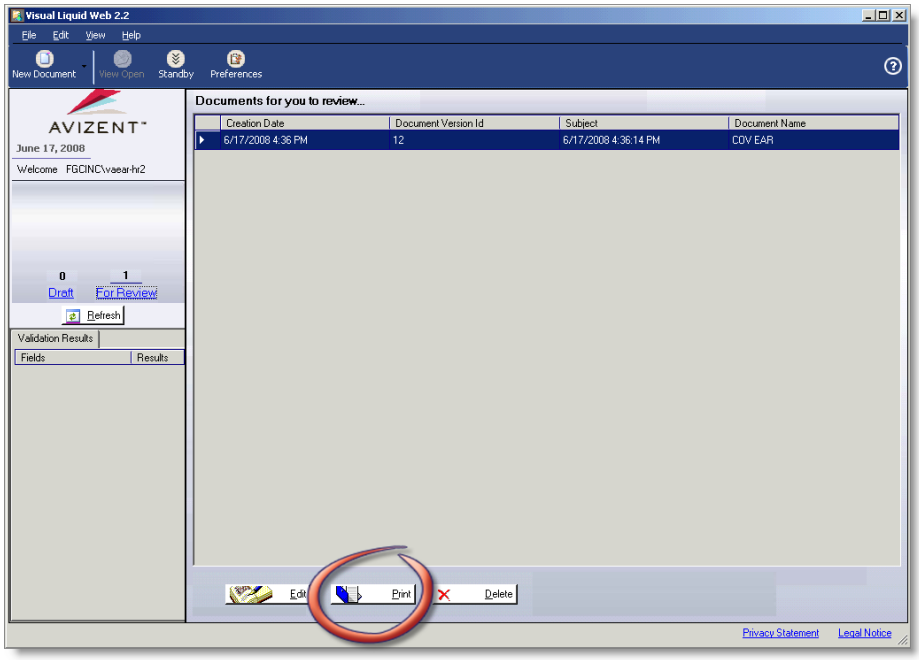
Printing an EAR

Printing produces an electronic copy of the EAR which can then be printed in hard copy. You can print EARs from several different areas.

- **Open EAR**—When you are reviewing an EAR, a **Print** button is available in the EFROI toolbar.

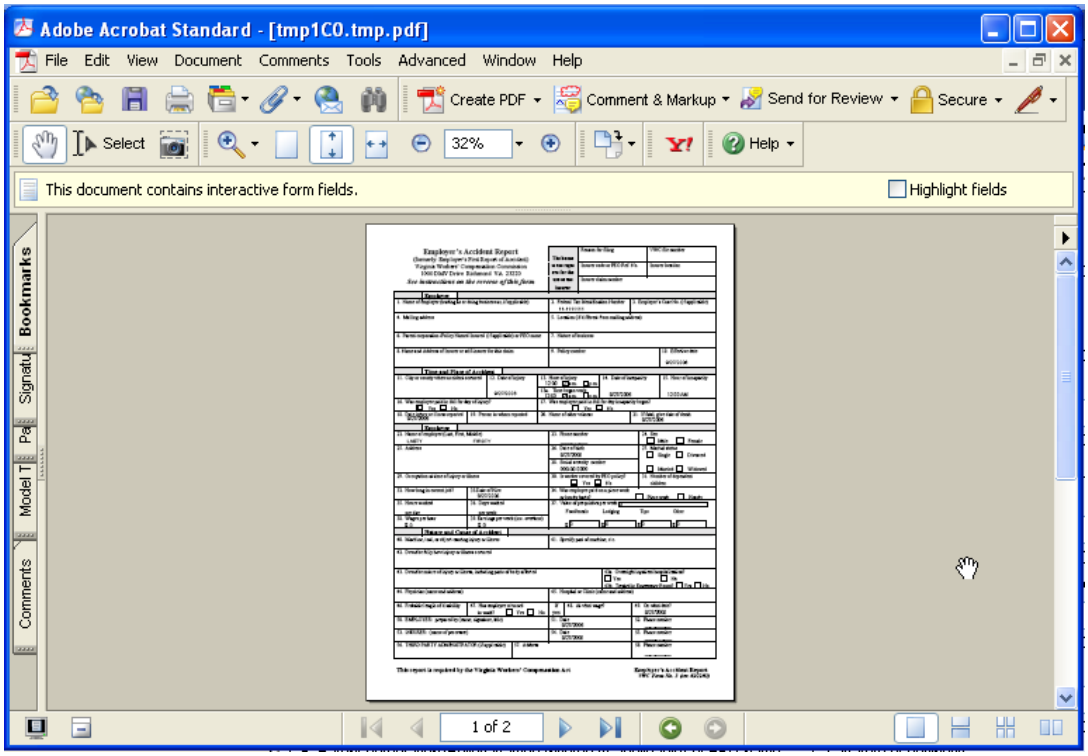


- **For Review Folder**—In the **Documents for you to review** table, a **Print** button is available at the bottom of the Content pane.

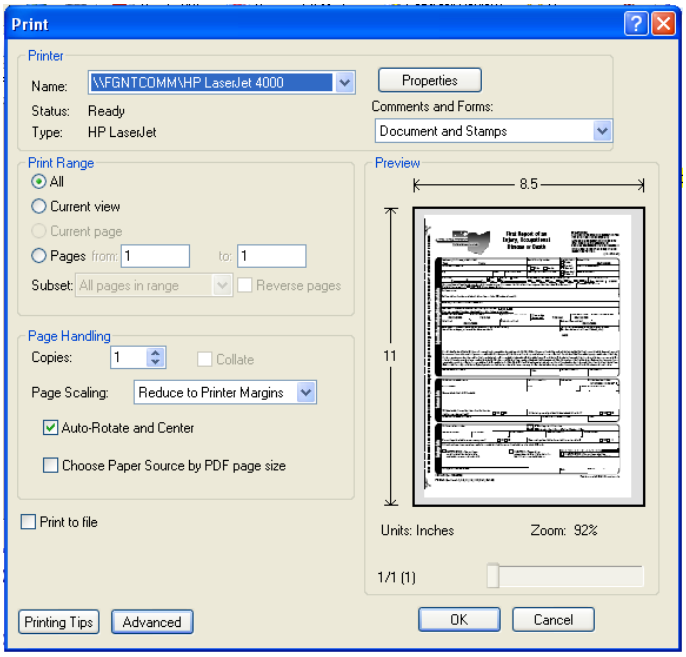


To print the EAR, follow the steps below:

1. Click the **Print** button.
   Result: A PDF version of the EAR is generated. Adobe Acrobat launches and displays the PDF on your screen.



2. Click the **Print Form** button on the Acrobat toolbar.



Specify the desired settings and click **OK**.
Result: The EAR is printed to the specified printer.

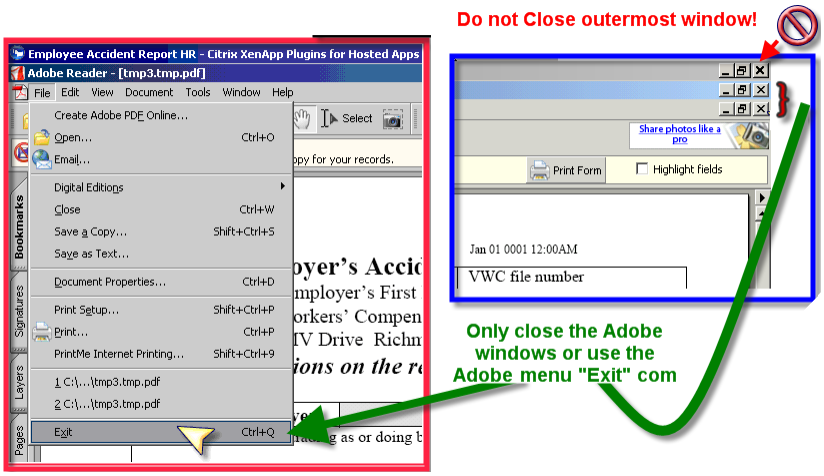
Printer Troubleshooting

Note: Printing within the remotely hosted Adobe Reader application may sometimes fail. If this occurs, you have a couple of options.

1. With the current document safely saved within the Draft or Review queue, close the application to log off of the system. Log back in, re-open the document and reattempt the print request.
2. Make sure your email address is one of the addresses within the Contacts list or add your address to the Email address box in the upper left hand corner of the form. Once the second submission is complete and a claim has been created, a copy of the form will be emailed back to your account.

Closing Adobe Reader window

Be careful when closing the Adobe Reader window so that you do not close the entire VLW application in the process. If you see multiple check boxes ☒, be careful to only click on the inner most box, or use the Adobe Reader Menu to select File – Exit to close.



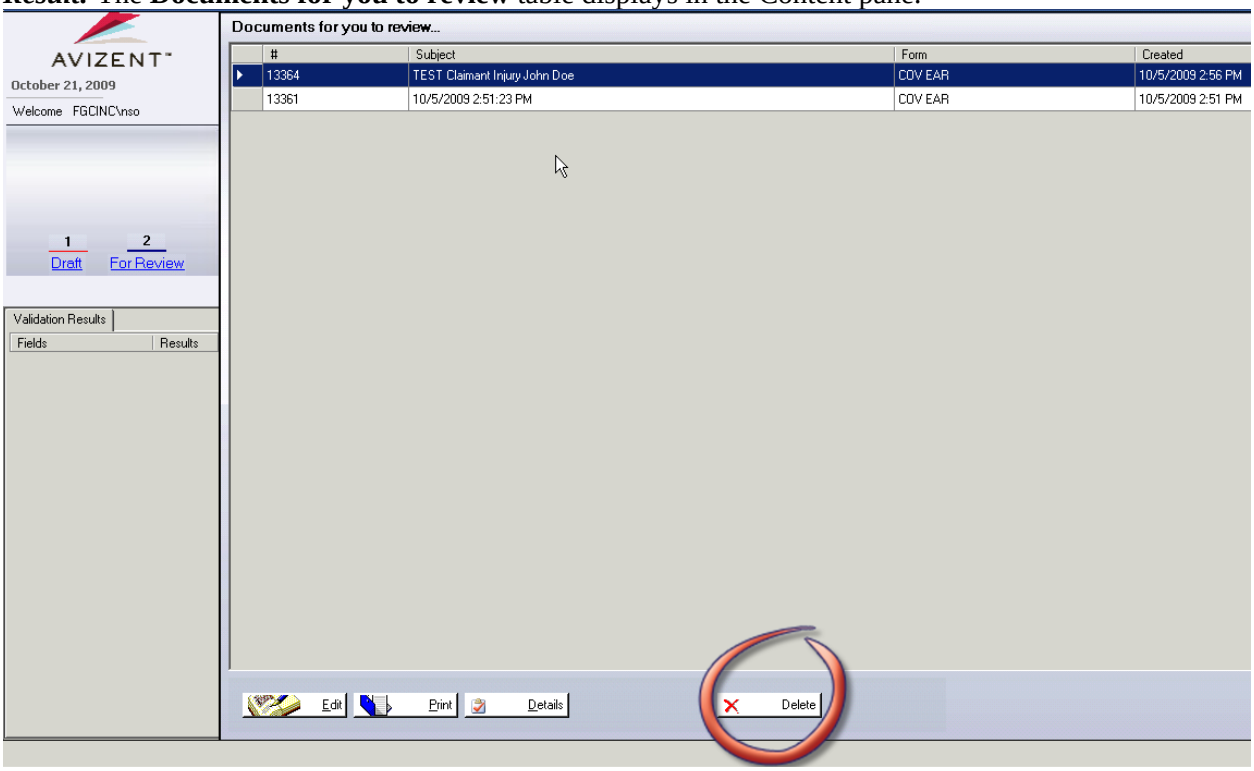
Deleting an EAR

Caution—The application will prompt you to confirm deletion. However, once you have clicked Yes to confirm the deletion the EAR is not retrievable.

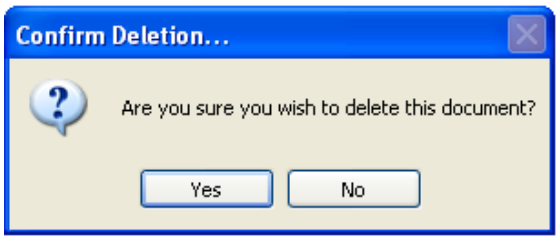
* You cannot delete EARs that have been completely submitted and have a claim #. These are contained within the History list and are permanent.

To delete the EAR, follow the steps below:

1.Click the **For Review** folder icon in the left pane.
Result: The **Documents for you to review** table displays in the Content pane.



2. Select the EAR to be deleted.
3. Click the **Delete** button.
Result: A Confirm Deletion dialog box displays.



4. Click **Yes** to confirm the deletion.
Result: The EAR is deleted.

Entering a New EAR

COV EARs can be entered by Generic Users or Named Users. If a Named User enters a new COV EAR, then the EAR will display in his/her "For Review" folder. The Named User will then have to open the AR, and submit it again to complete the transmission to VCS.

Entering a New EAR

EARs can be entered by Generic Users or Named Users. If a Named User enters a new EAR, the EAR will display in the "For Review" folder. The Named User must re-open the EAR, and submit it again to complete the transmission to MCI. You may also see EARs "For Review" submitted by Generic Users. (See For Review EARs below)

4. Click the **New Document** toolbar button, select **eFROI**, and then select **COV EAR**.
5. Click Show Selection in the Agency Control in the Employer area. Scroll down the list and pick your Agency.
6. If applicable, also pick your Sub-Agency.
7. You must click Show Display and verify the identity and email address of the HR personnel who will complete the second submission. An initial submission email and a second final submission notice with form attached will be sent to the address(s)
8. In the **Name of Employer** field, search for the employer by name. From the **Select Org** drop-down list, select **Find by Name**. Double-click 4024 Commonwealth of Virginia.
9. Select the injured worker's place of employment from the list.

   Tips - You know that an employer is available for selection when there is a green check mark.
   - Click "**Display Number**" to see the Agency Code #s
   - Right Click on the employer location tree to collapse, or expand the location tree.
   - Use the "**Find**" box to search for location numbers or names.
10. In the Email Addresses field (top left), enter additional email addresses (in addition to those of the HR personnel displayed in # 4 above), separated by commas, but no spaces. Initial submission email and a 2nd submission notice with form attached will be sent to the address(s).
11. It is possible to use your "Tab" button to move through the form. Note: Tabbing to a "Yes/No" type button field will automatically select the first choice. You may then change your choice, or if you want to keep it empty, press the "ENTER" button on your keyboard to unselect.

    In the **Validation Results** area on the left side; double-clicking an item will take you to the item on the form.
12. The following items **must be completed** if possible by the Named or Generic User:

#11	**Postal zip code where injury occurred.**
#12	**Date of Injury Tip-Click the drop-down arrow to select the date with the calendar.**
#13	**Hour of Injury**
#14	**Date of Incapacity (1st day missed work)**
#16	**Was employee paid in full for day of injury.**
#18	**Date Injury or Illness Reported**

#22 Employee First Name
Employee Last Name
#23 Phone Number of Injured Worker
#24 Sex
#25 Address of Injured Worker
#26 Date of Birth
#27 Marital Status
#28 Social Security Number
#29 Occupation at time of Injury
#42 Describe fully how injury occurred.
- Select Cause Code

#43 Describe Nature of Injury or Illness
- Select Part of body affected

#31 Number of Dependent Children
#47 Has employee returned to work?
#48 If yes, On what date?

Note: As a Named User, you should also ensure the following is completed prior to submission to VCS:

Type of Claim

Indemnity: You expect lost time greater than 7 days.

Medical Only: Not Indemnity, but Hospital or Physician treatment is expected.

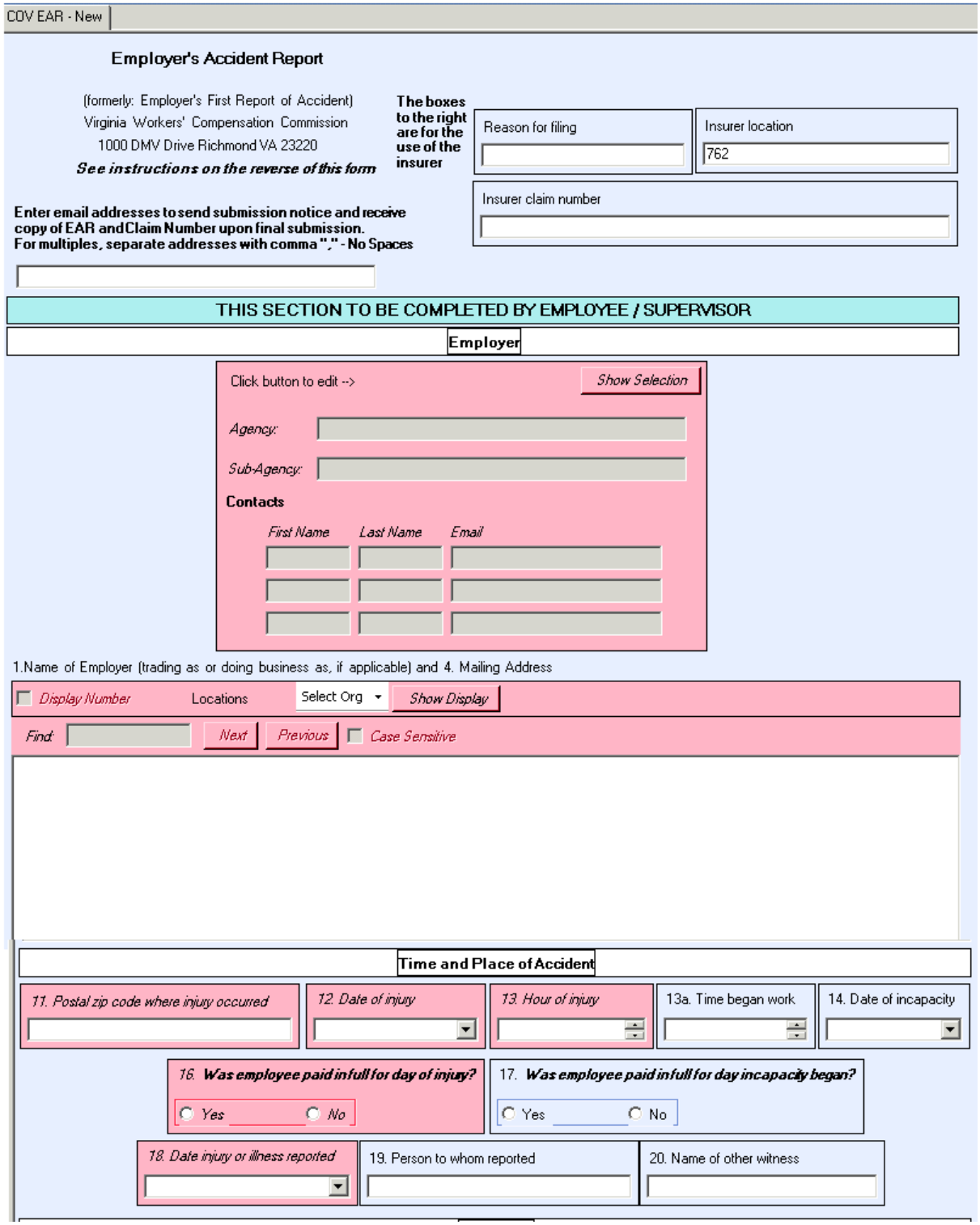
***Record Only*:** Incident Only, first aid only.

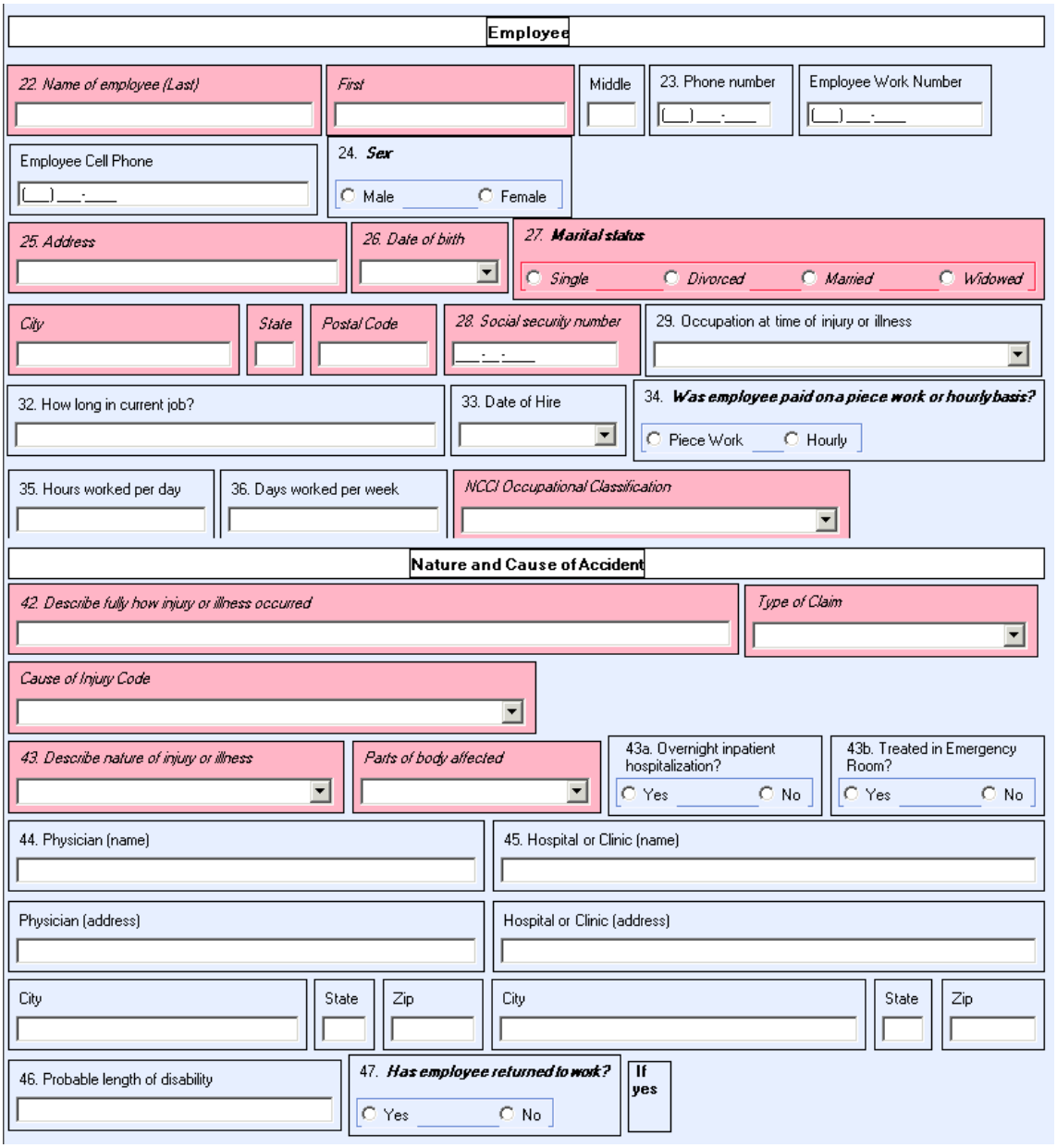
#2 Fed Tax Id No.: Your Agency's FEIN.

#33 Date of Hire

#36 NCCI Occupational Classification

Sample Blank Form


COV EAR - New
Employer's Accident Report
(formerly: Employer's First Report of Accident)
Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220
See instructions on the reverse of this form
The boxes to the right are for the use of the insurer
Reason for filing
Insurer location
762
Insurer claim number
Enter email addresses to send submission notice and receive copy of EAR and Claim Number upon final submission.
For multiples, separate addresses with comma "," - No Spaces
THIS SECTION TO BE COMPLETED BY EMPLOYEE / SUPERVISOR
Employer
Click button to edit -->
Show Selection
Agency:
Sub-Agency:
Contacts
First Name
Last Name
Email
1.Name of Employer (trading as or doing business as, if applicable) and 4. Mailing Address
Display Number
Locations
Select Org
Show Display
Find:
Next
Previous
Case Sensitive
Time and Place of Accident
11. Postal zip code where injury occurred
12. Date of injury
13. Hour of injury
13a. Time began work
14. Date of incapacity
16. Was employee paid in full for day of injury?
Yes
No
17. Was employee paid in full for day incapacity began?
Yes
No
18. Date injury or illness reported
19. Person to whom reported
20. Name of other witness


Employee
22. Name of employee (Last)
First
Middle
23. Phone number
(___) ___-____
Employee Work Number
(___) ___-____
Employee Cell Phone
(___) ___-____
24. Sex
Male
Female
25. Address
26. Date of birth
27. Marital status
Single
Divorced
Married
Widowed
City
State
Postal Code
28. Social security number
___-__-____
29. Occupation at time of injury or illness
32. How long in current job?
33. Date of Hire
34. Was employee paid on a piece work or hourly basis?
Piece Work
Hourly
35. Hours worked per day
36. Days worked per week
NCCI Occupational Classification
Nature and Cause of Accident
42. Describe fully how injury or illness occurred
Type of Claim
Cause of Injury Code
43. Describe nature of injury or illness
Parts of body affected
43a. Overnight inpatient hospitalization?
Yes
No
43b. Treated in Emergency Room?
Yes
No
44. Physician (name)
45. Hospital or Clinic (name)
Physician (address)
Hospital or Clinic (address)
City
State
Zip
City
State
Zip
46. Probable length of disability
47. Has employee returned to work?
Yes
No
If yes

COMPLETE THIS SECTION IN ACCORDANCE WITH YOUR HUMAN RESOURCE DEPARTMENT'S INSTRUCTIONS

Employer

2. Fed Tax Id Number: __-_____

3. Employer Case No. (If applicable):

5. Location (if different from mailing address):

City: State: Zip:

6. Parent corporation/Policy Named Insured (If applicable) or PEO name: Commonwealth of Virginia

7. Nature of business:

8. Name of Insurer or self-insurer for this claim: Managed Care Innovations L.L.C. PO Box 1140 Richmond, VA 23218

Address of Insurer or self-insurer for this claim:

City: State: Zip: 9. Policy number: Self Insured

Time and Place of Accident

15. Hour of incapacity:

21. If fatal, give date of death:

Employee

31. Number of dependents:

37. Value of perquisites per week: $___.__0.00

38. Wages per hour: $___.__0.00

39. Earnings per week (inc. OT): $___.__0.00

Food/meals: $___.__0.00

Lodging: $___.__0.00

Tips: $___.__0.00

Other: $___.__0.00

Nature and Cause of Accident

40. Machine, tool, or object causing injury or illness:

41. Specify part of machine, etc.:

50. EMPLOYER: prepared by (name, signature, title):

51. Date:

52. Phone number: (___) ___-____

53. INSURER:

54. Date:

55. Phone number: (___) ___-____

56. THIRD PARTY ADMINISTRATOR (if applicable): Managed Care Innovations L.L.C.

57. Address: PO Box 1140

58. Phone number: (___) ___-____

City: Richmond State: VA Zip: 23218

Were Safety Regulations Violated? ○ Yes ○ No

Was a Drug/Alcohol Screening Peformed? ○ Yes ○ No

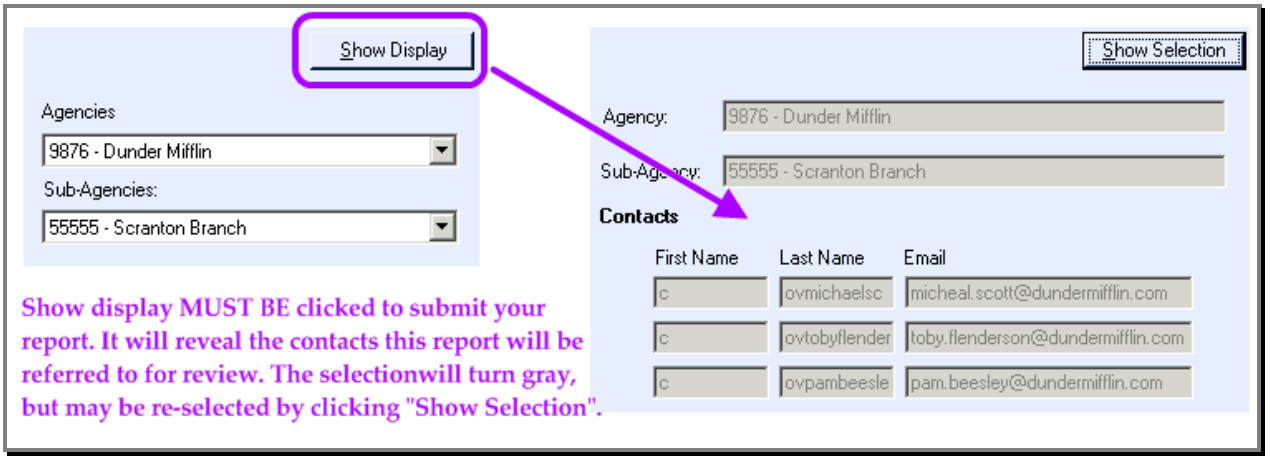
Was a 3rd Party Responsible for Injury? ○ Yes ○ No

If Yes, Party Name: Party Address: Party Phone: (___) ___-____

Comments to Carrier Claim Staff:

Agency Control and assignment

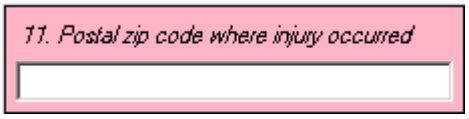
The Agency control must be completed prior to the intial submission. Any user completing an initial submission for review must complete this field before it will be accepted. Requiring this selection before any submission provides assurance the report will be assigned to a valid HR reviewer for final submission.


Show Display
Agencies
9876 - Dunder Mifflin
Sub-Agencies:
55555 - Scranton Branch
Show Selection
Agency:
9876 - Dunder Mifflin
Sub-Agency:
55555 - Scranton Branch
Contacts
First Name
Last Name
Email
micheal.scott@dundermifflin.com
toby.flenderson@dundermifflin.com
pam.beesley@dundermifflin.com
Show display MUST BE clicked to submit your report. It will reveal the contacts this report will be referred to for review. The selectionwill turn gray, but may be re-selected by clicking "Show Selection".
Document is invalid for submission.
Could not submit: Agency Control has not been filled in.
OK
This warning will pop up if you do not select an Agency and click "SHOW DISPLAY". Please go back to the Agency control, make a selection and click "Show Display" to proceed.

*Error Message: "*Could not submit: Agency control has not been filled in*."

This error will prevent you from submitting. Ensure you have selected "Show Display" and can see the Contacts. You may have to reselect the Agency again if you continue to have trouble. The button label switches between "Show Selection" and "Show Display" as you use it

Postal Zip Code Field



Requires the 5 or 9 digit postal zip code for the location where the injury occurred.
If unknown, enter the location where the employee works.

Note— Use the 5 or 9 digits. **No Hyphens or dashes**

Example:

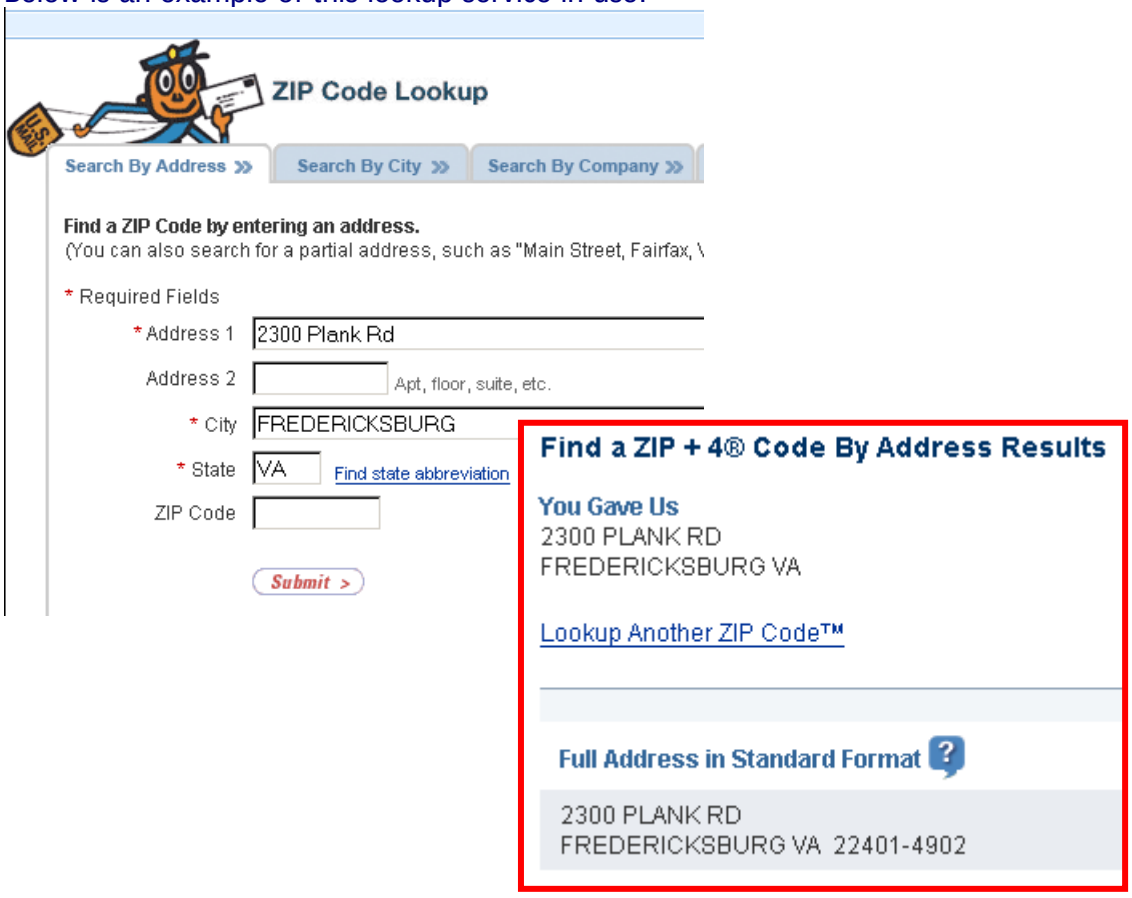
Injury occurred in Zip Code 24201 (Bristol, VA):
Enter: 24201

Injury Occurred at 2300 Plank Road in Fredericksburg: 22401-4902
Enter: 22401 or 224014902

Tip—The US Postal Service provides an easy to use Zip Code lookup page.

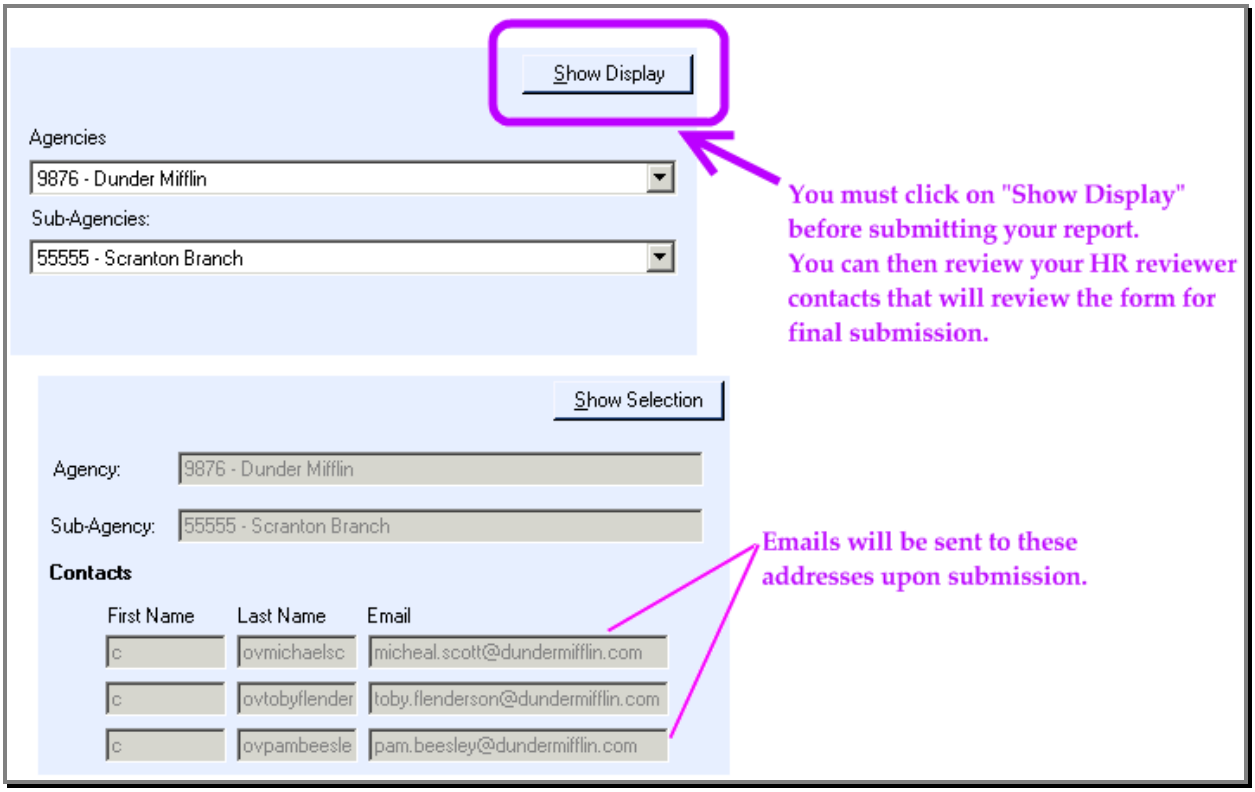
http://zip4.usps.com/zip4/

Below is an example of this lookup service in use:



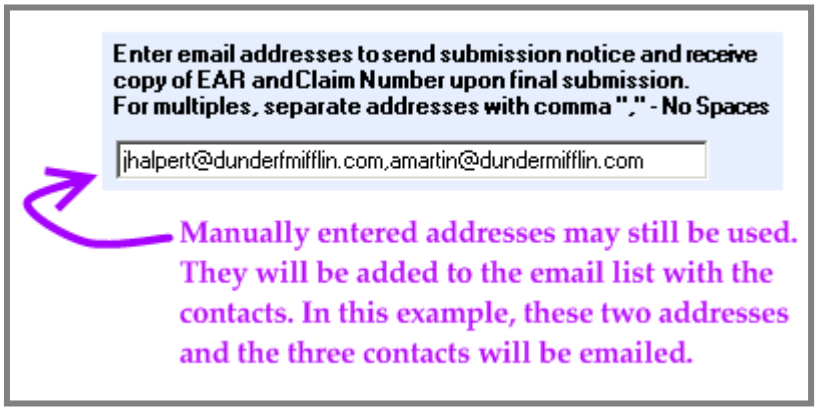
Automatic emails to Named Users

Upon choosing an Agency with the Agency Selection tool, the Agency Contacts (Named Users) are shown in the “Contacts” list below the selection. Upon submission of the form, notification emails will be sent automatically to these addresses.



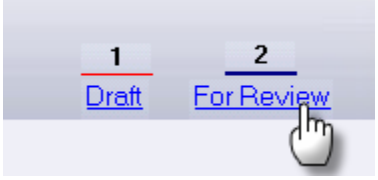
The email field is still available on the form.

Addresses may still be added to send notices to additional addresses that do not appear in the Contacts list.


Enter email addresses to send submission notice and receive copy of EAR and Claim Number upon final submission.
For multiples, separate addresses with comma "," - No Spaces
jhalpert@dunderfmifflin.com,amartin@dundermifflin.com
Manually entered addresses may still be used. They will be added to the email list with the contacts. In this example, these two addresses and the three contacts will be emailed.

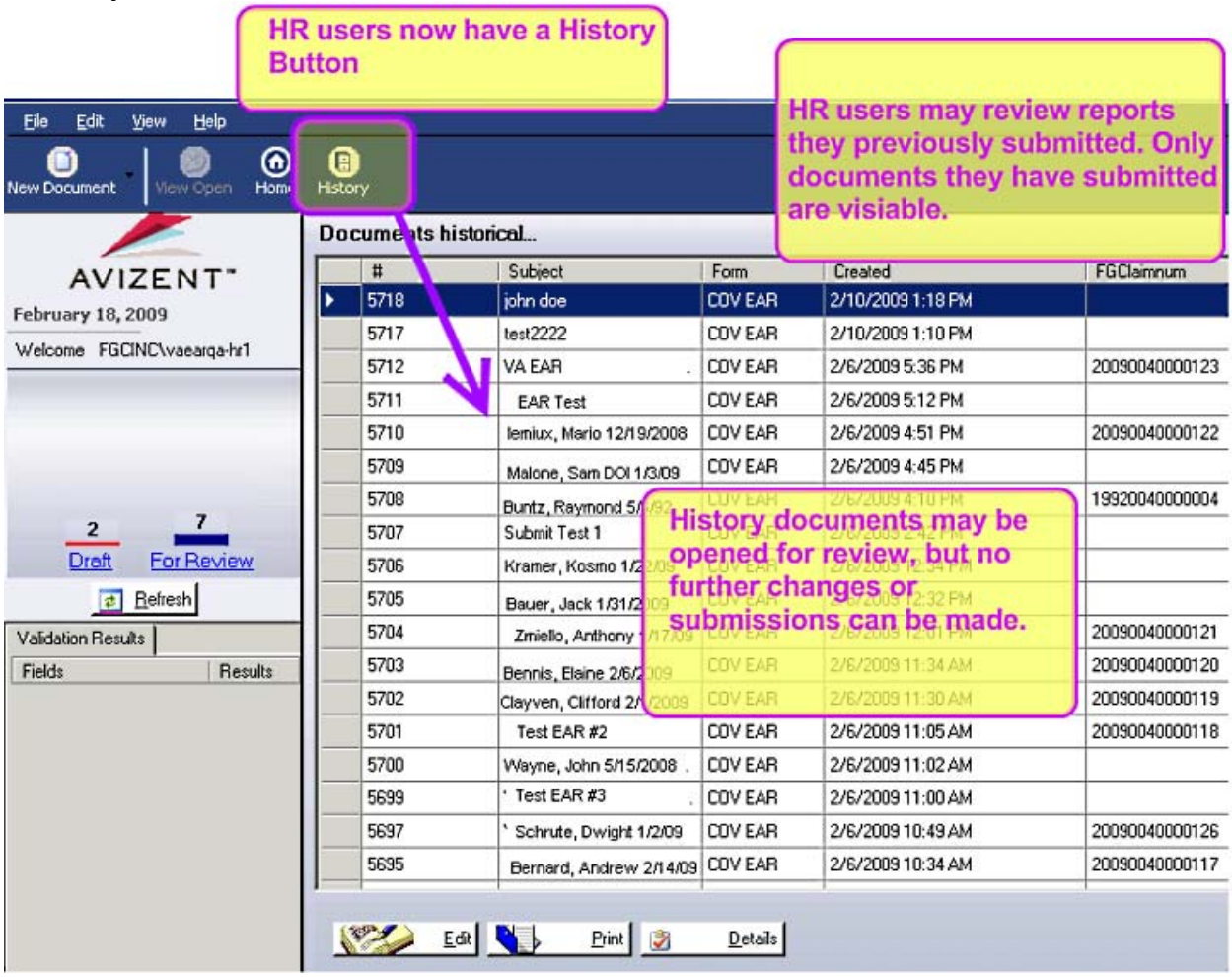
Refreshing your Folder Contents

To ensure that you have the most recent information in your For Review folder or the Draft folder, you can click the blue label text. The system will update your display.



Viewing EAR History

Click on the "History" button to view prior complete submissions. You may review your past EAR submissions after final submission. Only EARs submitted by your personal account can be viewed. You cannot change or edit these Historical documents, but they can be viewed to verify the data you submitted.


HR users now have a History Button
HR users may review reports they previously submitted. Only documents they have submitted are visiable.
History documents may be opened for review, but no further changes or submissions can be made.
File Edit View Help
New Document
View Open
History
AVIZENT
February 18, 2009
Welcome FGCINC\vaearqa-hr1
2 Draft
7 For Review
Refresh
Validation Results
Fields
Results
Documents historical...
Subject Form Created FGClaimnum
5718 john doe COV EAR 2/10/2009 1:18 PM
5717 test2222 COV EAR 2/10/2009 1:10 PM
5712 VA EAR COV EAR 2/6/2009 5:36 PM 20090040000123
5711 EAR Test COV EAR 2/6/2009 5:12 PM
5710 lemiux, Mario 12/19/2008 COV EAR 2/6/2009 4:51 PM 20090040000122
5709 Malone, Sam DOI 1/3/09 COV EAR 2/6/2009 4:45 PM
5708 COV EAR 19920040000004
5707 Submit Test 1
5706 Kramer, Kosmo 1/2
5705 Bauer, Jack 1/31/2
5704 Zmiello, Anthony
5703 Bennis, Elaine 2/6/2 COV EAR 2/6/2009 11:34 AM 20090040000120
5702 Clayven, Clifford 2/ COV EAR 2/6/2009 11:30 AM 20090040000119
5701 Test EAR #2 COV EAR 2/6/2009 11:05 AM 20090040000118
5700 Wayne, John 5/15/2008 COV EAR 2/6/2009 11:02 AM
5699 Test EAR #3 COV EAR 2/6/2009 11:00 AM
5697 Schrute, Dwight 1/2/09 COV EAR 2/6/2009 10:49 AM 20090040000126
5695 Bernard, Andrew 2/14/09 COV EAR 2/6/2009 10:34 AM 20090040000117
Edit
Print
Details

Index

About, 5
Accessing Technical Support, 9
Accessing VISUAL Liquid Web, 7
Agency Control and Assignment, 31
Closing an EAR, 21
Closing the VISUAL Liquid Web Application, 9
Content Pane, 14
Copyrights, 3
Data Entry Features, 18
Deleting an EAR Draft, 25
Disclaimer of Warranty, 3
Edit, 11
Emails to Named Users, 32
Entering a New EAR, 26
Example Document Cycle Workflow, 15
File, 11
Getting Started, 6
Graphic Alerts, 5
Index, 34
Left Pane, 14
Menus, 11
Navigating VISUAL Liquid Web, 10
Ownership by Named user, 18
Printing an EAR, 22
Refreshing your Folder Contents, 33
Sample Blank Form, 28
Standard Buttons, 13
Submitting an EAR, 20
System Requirements, 4
Text Conventions, 5
Toolbar, 13
Trademarks, 3
Using VISUAL Liquid Web, 16
View, 11
Viewing EAR History, 33
Viewing/Updating the EARs you have to Review, 16